## Case 18-17585 Doc 1 Filed 06/20/18 Entered 06/20/18 18:12:48 Desc Main Document Page 1 of 52

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Vonda First name  L. Middle name  Ivy  Last name and Suffix (Sr., Jr., II, III)	First name  Middle name  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3528	

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Debtor 1 Vonda L. Ivy

		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):			
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.  Business name(s)				
		EINs	EINs				
5.	Where you live	20155 Willow Drive		If Debtor 2 lives at a different address:			
		Lynwood, IL 60411  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code				
		Cook County	County				
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
		Number, P.O. Box, Street, City, State & ZIP Code	State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code				
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)		Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Debtor 1 Vonda L. Ivy

⊃ar	t 2: Tell the Court About	Your B	Bankruptcy Ca	ise						
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	choosing to file under	Chapter 7								
		□с	hapter 11							
		□с	hapter 12							
		□с	hapter 13							
3.	How you will pay the fee		about how yo	u may pay. Ty attorney is sub	pically, if you are paying the fee y	ck with the clerk's office in your local court for more detourself, you may pay with cash, cashier's check, or monalf, your attorney may pay with a credit card or check	ney			
					stallments. If you choose this opt onts (Official Form 103A).	ion, sign and attach the Application for Individuals to Pa	ay			
			but is not req applies to you	uired to, waive ur family size a	e your fee, and may do so only if y and you are unable to pay the fee	on only if you are filing for Chapter 7. By law, a judge mour income is less than 150% of the official poverty line in installments). If you choose this option, you must fill	that			
			the Application	on to Have the	Chapter 7 Filing Fee Waived (Off	icial Form 103B) and file it with your petition.				
).	Have you filed for bankruptcy within the	■ No								
	last 8 years?	□ Ye			NA/Is a se	One contact				
			District		When When	Case number				
			District District		When	Case number Case number				
			DISTRICT			Case Humber				
10.	Are any bankruptcy cases pending or being	■ No	0							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	9S.							
			Debtor			Relationship to you				
			District		When	Case number, if known				
			Debtor			Relationship to you				
			District		When	Case number, if known				
11.	Do you rent your residence?	■ No	Go to I	ine 12.						
		□ Ye	<sub>es.</sub> Has yo	ur landlord ob	tained an eviction judgment again	st you?				
				No. Go to line	2 12.					
				Yes. Fill out In this bankrupton		Judgment Against You (Form 101A) and file it as part	of			

		Document	Page 4 01 52	
Debtor 1	Vonda L. Ivy		Case number (if known)	

ar	Report About Any Bu	sinesses `	You Own	as a Sole Proprie	tor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to I	Go to Part 4.					
		☐ Yes.	Name	and location of bus	iness				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any					
	If you have more than one sole proprietorship, use a		Numbe	er, Street, City, Stat	te & ZIP Code				
	separate sheet and attach it to this petition.		Check	the appropriate bo	x to describe your business:				
	,				ness (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))				
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))				
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))				
				<del>-</del> · · · · · · · · · · · · · · · · · · ·					
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate addines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of erations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 11 U.S.C. 1116(1)(B).						
	For a definition of small	No.	I am no	ot filing under Chap	oter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrupto Code.						
		☐ Yes.	I am fil	ing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Pari	t 4: Report if You Own or	Have Any	Hazardoi	is Property or An	y Property That Needs Immediate Attention				
	<u> </u>		Tiuzui do	as i roperty or An	y Froperty Flux Needs Illinounite Attention				
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is the	ne hazard?					
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			ate attention is why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?					
					Number, Street, City, State & Zip Code				

Debtor 1 Vonda L. Ivy

Debtor 1 Vonda L. Ivy

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Page 6 of 52 Case number (if known) Document Debtor 1 Vonda L. Ivy Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16a. 16. What kind of debts do you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. □ No. Go to line 16c. ☐ Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. I am not filing under Chapter 7. Go to line 18. 17. Are you filing under □ Ño. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Do you estimate that Yes. are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? **25,001-50,000** 18. How many Creditors do **1,000-5,000** 1-49 you estimate that you **5001-10.000 50.001-100.000 50-99** owe? **1**0,001-25,000 ☐ More than 100.000 □ 100-199 **200-999** 19. How much do you ☐ \$500,000,001 - \$1 billion ☐ \$1,000,001 - \$10 million **\$0 - \$50,000** estimate your assets to ☐ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million **\$50,001 - \$100,000** be worth? ☐ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million ☐ \$100.001 - \$500.000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million ☐ \$500.001 - \$1 million □ \$500,000,001 - \$1 billion How much do you □ \$1,000,001 - \$10 million **\$0 - \$50,000** estimate your liabilities □ \$1,000,000,001 - \$10 billion ☐ \$10.000.001 - \$50 million □ \$50,001 - \$100,000 to be? □ \$10.000.000.001 - \$50 billion ☐ \$50,000,001 - \$100 million **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 2 Vonda L. Ivy Signature of Debtor Executed on Executed on MM / DD / YYYY MM /

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Debtor 1 Vonda L. Ivy	-17365 DUCT	Document	Page 7 of 52		
For your attorney, if you are represented by one f you are not represented by an attorney, you do not need to file this page.	under Chapter 7, 11, for which the person is and, in a case in which	12, or 13 of title 11, Unite seligible. I also certify the \$ 707(b)(4)(D) applies, the petition is incorrect.	d States Code, and have nat I have delivered to the	re explained the relief ne debtor(s) the notice	or(s) about eligibility to proceed available under each chapter required by 11 U.S.C. § 342(b) liry that the information in the
	Thomas M. Britt Printed name Law Offices of The Firm name 7601 W. 191st Street Tinley Park, IL 604 Number, Street, City, State &	187 <sup>°</sup>			
	Contact phone 815-46	4-5533	Email address	tmblawstf1	@sbcglobal.net
	Bar number & State				

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# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
<b></b>	total foo	

\$335 total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A–2). The calculations on the form— sometimes called the Means Test—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee + \$75 administrative fee \$275 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee + \$75 administrative fee \$310 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B2030 (Form 2030) (12/15)

# United States Bankruptcy Court Northern District of Illinois

In re	Vonda L. Ivy		Case No.	
		Debtor(s)	Chapter	7

	(,)			
	DISCLOSURE OF COMPENSATION OF ATTO	RNEY FOR	DEBTOR(S)	
1.	. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attor compensation paid to me within one year before the filing of the petition in bankruptcy be rendered on behalf of the debtor(s) in contemplation of or in connection with the ba	, or agreed to be p	aid to me, for services rendered of	or to
	FLAT FEE			
	For legal services, I have agreed to accept	<b>\$</b>	900.00	
	Prior to the filing of this statement I have received	\$	0.00	
	Balance Due	<b></b> \$	900.00	
	□ <u>retainer</u>			
	For legal services, I have agreed to accept and received a retainer of	\$		
	The undersigned shall bill against the retainer at an hourly rate of [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court apprehees and expenses exceeding the amount of the retainer.	\$roved		
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	I have not agreed to share the above-disclosed compensation with any other person	unless they are m	embers and associates of my law	firm
	☐ I have agreed to share the above-disclosed compensation with a person or persons copy of the agreement, together with a list of the names of the people sharing in the			A
5.	. In return for the above-disclosed fee, I have agreed to render legal service for all aspec	ets of the bankrupto	ey case, including:	
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in debtor. Preparation and filing of any petition, schedules, statement of affairs and plan whice. Representation of the debtor at the meeting of creditors and confirmation hearing, ad. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; expreaffirmation agreements and applications as needed; preparation 522(f)(2)(A) for avoidance of liens on household goods.</li> </ul>	th may be required; and any adjourned be semption planni	hearings thereof;	
6.	By agreement with the debtor(s), the above-disclosed fee does not include the followin Representation of the debtors in any dischargeability actions, jud any other adversary proceeding.		nces, relief from stay action	s or

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Vonda L. Ivy In re

Case No.

Debtor(s)

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for représentation of the debtor(s) in

this bankruptcy proceeding.

Thomas M. Britt

Signature of Attorney

Law Offices of Thomas M. Britt. P.C.

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Name of law firm



Doc 1 Filed 06/20/18 Entered 06/20/18 18:12:48 PAWOFFICES OF

Thomas M. Britt - Attorney

Desc Main

THOMAS M. BRITT, P.C.

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### **LEGAL PLAN**

### RETAINER AGREEMENT

<u></u>	This Agr	eement o	confirms th	at THOM	IAS M.	BRITT,	P.C.,	will	represent	you in	vour
Uha	pter 7	7 Park	500 NA-CC	natter.	Your le	gal fees	will be	partia	ally or cor	npletely	v paid
by the I	Lègal Plan	in which	confirms the confirmation that confirms the confirmation the co	Participate	. Your	Summary	Plan I	escri	ption care	fully de	efines
	erage pro			-		•			1	•	

If your matter requires legal work not covered by your Plan, you may be charged additional legal fees which you must pay personally and which will be indicated on a separate fee statement. fee statement must also be signed to allow us to represent you on the overed portion of your case.

Court costs and filing costs are not covered by the Plan and must be paid by you. Based on the facts known at the time of your initial consultation, we estimate that you will be responsible for paying \$ 450 as costs in this matter. Any excess costs will be additional attorney fees. Costs are the property of THOMAS M. BRITT, P.C.

Please be assured that your legal matter will be handled with complete confidentiality. THOMAS M. BRITT, P.C., will be required to provide statistical information to the Legal Plan Administrator in order to satisfy federal reporting requirements, but this information will not infringe in any way on the confidentiality of your case.

Your signature allows us to represent you. When the amount indicated above is paid, we will proceed with the matter. We are pleased to have the opportunity to serve you. If you have any questions, please fee free to ask them.

Iondally

		Dc	ocument	Page 15 of 52		
Fill in this info	ormation to identify your	case and this fili	ing:			
Debtor 1	Vonda L. Ivy					
	First Name	Middle Name	1	Last Name		
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	1	Last Name		
United States I	Bankruptcy Court for the:	NORTHERN DIS	STRICT OF ILL	LINOIS		
Case number				<u> </u>		☐ Check if this is an
						amended filing
Official F	orm 106A/B					
Schodu	ıle A/B: Prop	ortv				40/4E
					. "	12/15
hink it fits best.	Be as complete and accuratore space is needed, attach	ate as possible. If tv	wo married peop	f an asset fits in more than o ple are filing together, both a the top of any additional pag	re equally responsible for	supplying correct
Part 1: Describ	be Each Residence, Building	յ, Land, or Other Re	eal Estate You C	Own or Have an Interest In		
Do you own o	or have any legal or oquitable	e interest in any ray	sidence buildin	g, land, or similar property?		
. Do you own c	or mave any legal of equitable	e interest in any res	siderice, buildin	ig, ianu, or similar property:		
No. Go to F	Part 2.					
☐ Yes. Wher	e is the property?					
Part 2: Describ	be Your Vehicles					
B. Cars, vans,  □ No ■ Yes	trucks, tractors, sport u	ility vehicles, mo	otorcycles			
O.4. Malaa	Hyundai	VA/In a In a	!	the surrence to O or	Do not deduct secured	d claims or exemptions. Put
3.1 Make:	Accent			the property? Check one	the amount of any second	ured claims on Schedule D:
Model:	2014		or 1 only		Creditors who have C	Claims Secured by Property.
Year:		□ Debto	or 2 only or 1 and Debtor 2	O ambe	Current value of the entire property?	Current value of the portion you own?
	ormation:			btors and another	chare property.	portion you own:
			ast one of the de			
		☐ Chec	ck if this is com	munity property	\$4,728.00	\$4,728.00
		(see i	instructions)			
Examples: Book No   Yes    Add the do pages you   Part 3: Descril	oats, trailers, motors, pers	onal watercraft, fis you own for all o . Write that numb	shing vessels, s  of your entries oer here	hicles, other vehicles, and snowmobiles, motorcycle a from Part 2, including an	y entries for	\$4,728.00
	any logal of oquit		, 5			portion you own? Do not deduct secured claims or exemptions.
Household	goods and furnishings					, , , , , , , , , , , , , , , , , , ,

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

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Case number (if known) Document Debtor 1 Vonda L. Ivy Yes. Describe..... \$1,000.00 Tables, couches, beds, chairs 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... \$600.00 Television, DVD Player, Stereo, Computer and Printer 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Day-to-day work clothes \$250.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$200.00 Costume Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,050.00 for Part 3. Write that number here .....

Schedule A/B: Property

Part 4: Describe Your Financial Assets

page 2

Debtor	1 Vonda L.	lvy		Document	Paye 17 (	Case number (	if known)
							Do not deduct secured claims or exemptions.
	<i>amples:</i> Money yo lo		•	r home, in a safe depo		hand when you file yo	our petition
Ex	institutio			accounts; certificates ounts with the same ins			okerage houses, and other similar
□ N ■ Y	lo ′es			Institution r	name:		
		17.1.	Checking	First Sav	ings Bank of	Hegewisch	\$500.00
		17.2.	Checking	Chase Ba	ank		\$100.00
_Ex	•			<b>s</b> i brokerage firms, mor	ney market accc	ounts	
■ N	io 'es		Institution or issu	uer name:			
	nt venture	I stock and	interests in inco	orporated and uninc	orporated busi	nesses, including ar	n interest in an LLC, partnership, and
	es. Give specific		about them ne of entity:			% of ownersh	ip:
Ne	egotiable instrume on-negotiable instr	<i>nt</i> s include p	ersonal checks,	egotiable and non-no cashiers' checks, pro- t transfer to someone	missory notes, a	and money orders.	
	es. Give specific		about them uer name:				
				x), 403(b), thrift saving	ıs accounts, or c	other pension or profit	-sharing plans
<b>■</b> Y	es. List each acc		ely. of account:	Institution r	name:		
		401(F	x)	Advocate	Health Care		\$2,500.00
Yo Ex	amples: Agreeme	used deposit	s you have made	e so that you may con ent, public utilities (elec			s companies, or others
□ N ■ Y	lo 'es			Institution r	name or individu	ıal:	
		Secu	rity Deposit	Suite Lyfe	e		\$925.00
23. <b>An</b> ı	•	ct for a perio	dic payment of m	oney to you, either fo	r life or for a nur	mber of years)	
	es	Issuer nam	e and description	٦.			
	J.S.C. §§ 530(b)(1			a qualified ABLE pro	ogram, or unde	er a qualified state tu	ition program.
	es	Institution r	name and descrip	otion. Separately file th	ne records of an	ny interests.11 U.S.C.	• ( )
Official	Form 106A/B			Schedule A/B: F	roperty		page 3

	Case 18-17585	Doc 1	Filed 06/20/18 Document	Entered 06/20/18 18:12:48 Page 18 of 52 Case number (if known)	Desc Main				
Debtor 1	Vonda L. Ivy			Case number (if known)	-				
■ No	s, equitable or future intere		rty (other than anythin	g listed in line 1), and rights or powers ex	ercisable for your benefit				
	nts, copyrights, trademarks nples: Internet domain names								
	. Give specific information a	bout them							
Exam ■ No	<ul> <li>Licenses, franchises, and other general intangibles</li> <li>Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses</li> <li>■ No</li> <li>□ Yes. Give specific information about them</li> </ul>								
	·	bout them			Company value of the				
Money or	r property owed to you?				Current value of the portion you own?  Do not deduct secured claims or exemptions.				
_	efunds owed to you								
■ No □ Yes	. Give specific information at	oout them, inc	luding whether you alrea	ady filed the returns and the tax years					
■ No	nples: Past due or lump sum		ısal support, child suppo	ort, maintenance, divorce settlement, property	y settlement				
☐ Yes	. Give specific information								
<i>Exam</i> ■ No	amounts someone owes ynples: Unpaid wages, disabilibenefits; unpaid loans  Give specific information	ty insurance p		efits, sick pay, vacation pay, workers' compe	ensation, Social Security				
	ests in insurance policies								
		e insurance; h	ealth savings account (F	HSA); credit, homeowner's, or renter's insura	nce				
■ Yes	. Name the insurance compa Com	any of each po pany name:	olicy and list its value.	Beneficiary:	Surrender or refund value:				
	Adv	ocate Healt	hcare	Daughter	\$0.00				
If you some	nterest in property that is d are the beneficiary of a living sone has died.  Give specific information			d surance policy, or are currently entitled to rec	eive property because				
Exam	us against third parties, who inples: Accidents, employmen			t or made a demand for payment to sue					
■ No □ Yes	. Describe each claim								
	34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims								
☐ Yes	. Describe each claim								
35. <b>Any fi</b> ■ No	inancial assets you did not	already list							

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Debt	or 1 Vonda L. Ivy	Page 19 of	52 Case number (if known)	
_				
	Yes. Give specific information			
36.	Add the dollar value of all of your entries from Part 4, includin	g any entries for pa	ges you have attached	A
	for Part 4. Write that number here			\$4,025.00
	<b>-</b>			
Part	Describe Any Business-Related Property You Own or Have an Inter	est in. List any real est	ate in Part 1.	
37. <b>D</b>	o you own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
Part	6: Describe Any Farm- and Commercial Fishing-Related Property You	Own or Have an Intere	st In.	
	If you own or have an interest in farmland, list it in Part 1.			
46. <b>C</b>	o you own or have any legal or equitable interest in any farm-	or commercial fishi	ng-related property?	
	No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Part	Describe All Property You Own or Have an Interest in That You	ı Did Not List Above		
		_		
	<b>Do you have other property of any kind you did not already list</b> Examples: Season tickets, country club membership	?		
	No			
	Yes. Give specific information			
			1	
54.	Add the dollar value of all of your entries from Part 7. Write the	at number here		\$0.00
			'	
Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$4,728.00		
57.	Part 3: Total personal and household items, line 15	\$2,050.00		
58.	Part 4: Total financial assets, line 36	\$4,025.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$10,803.00	Copy personal property to	otal <b>\$10,803.00</b>
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$10,803.00

Official Form 106A/B Schedule A/B: Property page 5

		120031110	111 1 11111 7 17 171	
Fill in this infor	mation to identify your	case:		
Debtor 1	Vonda L. Ivy			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is amended filing

### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
2014 Hyundai Accent 68,000 miles Line from Schedule A/B: 3.1	\$4,728.00		\$2,400.00	735 ILCS 5/12-1001(c)
Ellie Holli Genedale PAB. G.1			100% of fair market value, up to any applicable statutory limit	
Tables, couches, beds, chairs Line from Schedule A/B: 6.1	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
Line from <i>Schedule A/B</i> . <b>0.1</b>			100% of fair market value, up to any applicable statutory limit	
Television, DVD Player, Stereo,	\$600.00		\$600.00	735 ILCS 5/12-1001(b)
Computer and Printer Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Day-to-day work clothes	\$250.00		\$250.00	735 ILCS 5/12-1001(a)
Ellie Holli Genedale AVB.			100% of fair market value, up to any applicable statutory limit	
Costume Jewelry Line from Schedule A/B: 12.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
			100% of fair market value, up to any applicable statutory limit	

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| Vonda L. Ivy | Case number (if known) | Case Numb

		<i></i>				
		cription of the property and line on A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption
			Copy the value from Schedule A/B	Che		
	Checki Hegewi	ng: First Savings Bank of	\$500.00		\$500.00	735 ILCS 5/12-1001(b)
	_	n Schedule A/B: <b>17.1</b>			100% of fair market value, up to any applicable statutory limit	
		ng: Chase Bank	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
	Line non	in Scriedule A/D. 11-2			100% of fair market value, up to any applicable statutory limit	
	٠,	Advocate Health Care	\$2,500.00		\$3,500.00	735 ILCS 5/12-1006
	Line non	il Scriedule AV.B. 21.1			100% of fair market value, up to any applicable statutory limit	
		y Deposit: Suite Lyfe	\$925.00		\$925.00	735 ILCS 5/12-1001(b)
	Line non	in Scriedule AV.B. ZZ. 1			100% of fair market value, up to any applicable statutory limit	
		ate Healthcare	\$0.00		100%	735 ILCS 5/12-1001(f)
		n Schedule A/B: <b>31.1</b>			100% of fair market value, up to any applicable statutory limit	
3.		claiming a homestead exemptior to adjustment on 4/01/19 and every			led on or after the date of adjustme	nt.)
	■ No		-		•	
	☐ Yes	s. Did you acquire the property cove	red by the exemption wi	ithin 1	,215 days before you filed this case	?
		No				
		Yes				

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Fill in	this information	to identify you	Document	Page 22	2 01 52			
FIII III	i tilis illiorillation	to identity you	ii case.					
Debto		nda L. Ivy	Middle None	Last Name				
Debto		t Name	Middle Name	Last Name				
		t Name	Middle Name	Last Name				
United	d States Bankrupt	cy Court for the:	NORTHERN DISTRICT OF ILL	LINOIS				
Cooo	numbor							
(if know	number <sub>vn)</sub>					☐ Check if this is an		
						<del></del>	-	
Offic	cial Form 10	<u>6D</u>						
Sch	nedule D: 0	Creditors	Who Have Claims	Secure	d by Property	•	12/15	
20.00.0	nomplete and easily	rata ao magailhla	If the married manufactor filing to goth		muellu reeneneihle fer eun	nhina correct informs	tion If more once	
s need			If two married people are filing togeth out, number the entries, and attach it					
. Do a	iny creditors have o	laims secured by	your property?					
	No. Check this b	ox and submit t	his form to the court with your other	schedules. Y	ou have nothing else to	report on this form.		
	Yes. Fill in all of	the information	below.					
Part 1								
				P4	Column A	Column B	Column C	
			more than one secured claim, list the cre a particular claim, list the other creditor		y Amount of claim	Value of collateral	Unsecured	
much	as possible, list the o	claims in alphabeti	cal order according to the creditor's nam	ne.	Do not deduct the value of collateral.	that supports this claim	portion If any	
2.1	GM Financial		Describe the property that secures	the claim:	\$11,848.00	\$4,728.00	\$7,120.00	
_	Creditor's Name		2014 Hyundai Accent 68,000	) miles				
	DO D 40000		As of the date you file, the claim is:	Check all that				
	PO Box 183834 Arlington, TX 7		apply.					
_			☐ Contingent					
	Number, Street, City, St	ate & Zip Code	Unliquidated					
Who (	owes the debt? Ch	neck one	☐ Disputed  Nature of lien. Check all that apply.					
_		icok one.	An agreement you made (such as		d			
	ebtor 1 only		car loan)	mortgage or se	curea			
	ebtor 2 only		_ ′					
_	ebtor 1 and Debtor 2		☐ Statutory lien (such as tax lien, me ☐ Judgment lien from a lawsuit	chanic's lien)				
	least one of the debt neck if this claim rel		Other (including a right to offset)					
	ommunity debt	ales to a	Other (including a right to onset)					
Date o	debt was incurred	10/2017	Last 4 digits of account num	1649				
Δdd	the dollar value of	vour entries in C	olumn A on this page. Write that num	ber here	\$11,848	00		
		-	the dollar value totals from all pages.					
Writ	e that number here	:	, 5		\$11,848	.00		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	0000 10 17 000 1	Document	Page 2	3 of 52	o Deservicin
Fill in this i	nformation to identify your				
Debtor 1	Vonda L. Ivy				1
Dobtor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing	) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT OF IL	LINOIS		
Case number	er				
(if known)					☐ Check if this is an
					amended filing
Official E	orm 106E/F				
		lha Haya Uncasurad	Claima		12/15
		ho Have Unsecured			12/15  NPRIORITY claims. List the other party to
Schedule G: I Schedule D: ( left. Attach th	Executory Contracts and Unexp Creditors Who Have Claims Sec	ired Leases (Official Form 106G). I ured by Property. If more space is	o not include needed, copy t	any creditors with partially the Part you need, fill it out,	Property (Official Form 106A/B) and on secured claims that are listed in number the entries in the boxes on the top of any additional pages, write your
Part 1: L	ist All of Your PRIORITY Un	secured Claims			
1. Do any c	reditors have priority unsecure	d claims against you?			
■ No. G	io to Part 2.				
☐ Yes.					
Part 2:	ist All of Your NONPRIORIT	Y Unsecured Claims			
_ `	reditors have nonpriority unsection ou have nothing to report in this p	cured claims against you? art. Submit this form to the court with	your other sche	edules.	
unsecure	d claim, list the creditor separately		I, identify what t	type of claim it is. Do not list cl	tor has more than one nonpriority laims already included in Part 1. If more claims fill out the Continuation Page of
					Total claim
	vocate Health Care	Last 4 digits of acc	ount number	0125	\$1,907.00
	priority Creditor's Name	When wee the debt	in a	02/04/46	
_	Box 48458 k Park, MI 48237	When was the debt	incurrear	03/04/16	
	hber Street City State Zlp Code	As of the date you	file, the claim i	is: Check all that apply	
Who	incurred the debt? Check one.				
■ [	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and and	other Type of NONPRIOR	RITY unsecured	d claim:	
	Check if this claim is for a com	nunity			
debt	t	☐ Obligations arisin		aration agreement or divorce t	hat you did not
	e claim subject to offset?	report as priority clai			
<b>I</b>		•	•	ng plans, and other similar deb	ots
	′es	Other. Specify	Medical De	bt	

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Debtor 1 Vonda L. Ivy 4.2 \$13,112.00 **Advocate Health Care** Last 4 digits of account number unts Nonpriority Creditor's Name c/o Harris & Harris, Ltd When was the debt incurred? 08/15 - 07/16 111 W Jackson Blvd, Ste 400 Chicago, IL 60604-4917 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Debt** Other, Specify 4.3 **Advocate Illinois Masonic** Last 4 digits of account number 8617 \$10.00 Nonpriority Creditor's Name c/o Health Port When was the debt incurred? 05/16 PO Box 409900 Atlanta, GA 30384 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Debt** Other. Specify ΑII Advocate Medical Group \$650.00 Last 4 digits of account number **Accounts** Nonpriority Creditor's Name 8550 W Bryn Mawr Ave When was the debt incurred? 06/15 - 06/17 8th Floor Chicago, IL 60631 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ☐ Yes **Medical Debt** Other. Specify

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Case number (if know)

Debtor 1 Vonda L. Ivy 4.5 \$98.00 Advocate Medical Group Last 4 digits of account number 3927 Nonpriority Creditor's Name c/o United Recovery Service LLC When was the debt incurred? 07/15/16 18525 Torrence Ave, Ste C-6 Lansing, IL 60438 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Debt** Other, Specify 4.6 Ally Last 4 digits of account number 5885 \$6,600.00 Nonpriority Creditor's Name c/o Synergetic Communications When was the debt incurred? 09/17 5450 NW Central, Ste 220 Houston, TX 77092 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Car Repo Other. Specify 4.7 Associates in Nephrology SC Last 4 digits of account number 5232 \$2,100.00 Nonpriority Creditor's Name 210 S Desplaines, 1st Flr When was the debt incurred? 09/16 - 12/16 Chicago, IL 60661-5500 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Debt ☐ Yes

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1 Vonda L. Ivy	Case number (if know)	
BCA Financial Services, Inc	Last 4 digits of account number 1842	\$100.00
Nonpriority Creditor's Name 18001 Old Cutler Rd, Ste 462 Miami, FL 33157-6437	When was the debt incurred? 03/09/17	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical Debt	
City of Chicago	Last 4 digits of account number 7493	\$244.00
Nonpriority Creditor's Name c/o Miney, Inc PO Box 7700	When was the debt incurred?	
Chicago, IL 60680-7700		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Traffic ticket	
City of Hometown	Last 4 digits of account number YQ0S	\$100.00
Nonpriority Creditor's Name	Last 4 digits of account number	Ψ100.00
PO Box 7643	When was the debt incurred? 06/26/15	
Carol Stream, IL 60197-7642  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other Specify Red Light Violation	

Debtor 1 Vonda L. Ivy	Document Page 27 of 52 Case number (if know)	
.1 Comcast	Last 4 digits of account number 8260	\$495.07
Nonpriority Creditor's Name 1701 JFK Blvd	When was the debt incurred?	
Philadelphia, PA 19103  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent☐ Unliquidated	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:	
$\square$ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Cable Bill	
.1 FDS Nonpriority Creditor's Name	Last 4 digits of account number 0825	\$70.41
c/o Northland Group PO Box 390905	When was the debt incurred? 04/16	
Minneapolis, MN 55439  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Credit Card Debt	
<sup>1</sup> FDS	Last 4 digits of account number 6392	\$70.41
Nonpriority Creditor's Name c/o Credit Control PO Box 31179	When was the debt incurred?	
Tampa, FL 33631  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	

■ No

☐ Yes

■ Other. Specify Credit Card Debt

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Page 28 of 52 Case number (if know) Document Debtor 1 Vonda L. Ivy 4.1 GI Partners of Illinois, LLC 4336 \$50.00 Last 4 digits of account number Nonpriority Creditor's Name 75 Remittance Dr When was the debt incurred? 05/17 - 08/17 **Suite 1931** Chicago, IL 60675 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical Debt 4.1 **Gynelogical Cancer Inst of Chgo** 3418 \$50.00 Last 4 digits of account number 5 Nonpriority Creditor's Name **PO Box 202** 12/16 - 1/17 When was the debt incurred? Oak Lawn, IL 60454 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Debt ☐ Yes 4.1 **Integrated Imaging Consultants** 9361 \$98.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 44000 Garfield Road When was the debt incurred? 10/14/16 Clinton Township, MI 48038 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

■ Other. Specify Medical Debt

report as priority claims

 $\square$  Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

Page 29 of 52 Case number (if know) Debtor 1 Vonda L. Ivy 4.1 Ivy Tech CC 2348 \$1,266.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Allied Accounts Management When was the debt incurred? 5/18/17 PO Bx 670, 1607 Central Ave Columbus, IN 47202 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Tuition 4.1 LVNV Funding, LLC \$660.00 Last 4 digits of account number 8 Nonpriority Creditor's Name c/o Convergent When was the debt incurred? PO Box 1022 Wixom. MI 48393 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Line of Credit ☐ Yes 4.1 Opportunity Financial LLC 5070 \$2,836.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 130 E Randolph St, Ste 3400 When was the debt incurred? 04/25/18 Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Line of Credit ☐ Yes

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■ No

debt

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Cell Phone

☐ Student loans

report as priority claims

Type of NONPRIORITY unsecured claim:

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

lacksquare Debts to pension or profit-sharing plans, and other similar debts

At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Document Page 31 of 52 Case number (if know) Debtor 1 Vonda L. Ivy 4.2 **United Pain Services** 5836 \$135.00 Last 4 digits of account number 3 Nonpriority Creditor's Name **PO Box 129** 07/16 - 09/16 When was the debt incurred? Plainfield, IL 60544-0129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Debt ☐ Yes 4.2 **World Finance Co** 4133 \$476.00 Last 4 digits of account number Nonpriority Creditor's Name 4318 W 211th St When was the debt incurred? 03/31/15 Matteson, IL 60443 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Line of Credit ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim Domestic support obligations** 6a. 0.00 Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6b. 0.00 Claims for death or personal injury while you were intoxicated 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 6d. 0.00

Total
claims
from Part 2

Official Form 106 E/F

Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6g. \$ 0.00

6e.

6f.

6h.

Schedule E/F: Creditors Who Have Unsecured Claims

Student loans

6f.

Total Priority. Add lines 6a through 6d.

Debts to pension or profit-sharing plans, and other similar debts

0.00

0.00

0.00

**Total Claim** 

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> Other. Add all other nonpriority unsecured claims. Write that amount 6i. 33,640.89 \$ here. Total Nonpriority. Add lines 6f through 6i. 6j. 33,640.89

		12101111		
Fill in this infor	mation to identify your	case:		
Debtor 1	Vonda L. Ivy			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Suite Lyfe
PO Box 5162
Lansing, IL 60438

State what the contract or lease is for
1 year apartment lease

		Docume	<u>nt Page 34 o</u>	ot 52	
Fill in thi	s information to identify your	case:			
Debtor 1	Vanda I. har				
Deptor i	Vonda L. Ivy First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fi	iling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Ormod Ot	atoo Barittaptoy Court for the.				
Case nun	nber				
(if known)					☐ Check if this is an
					amended filing
Officia	al Form 106H				
Sche	dule H: Your Cod	lebtors			12/15
ill it out, our nam	and number the entries in the e and case number (if known	boxes on the left. Attach ). Answer every question	the Additional Page	to this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
1. DO	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No					
Arizo  ■ No □ Ye  3. In Co in lin	e 2 again as a codebtor only	n, Nevada, New Mexico, Pu use, or legal equivalent live tors. Do not include your if that person is a guaran	e with you at the time?  spouse as a codebto tor or cosigner. Make	ington, and Wisconsin.) r if your spouse is filin sure you have listed t	g with you. List the person shown he creditor on Schedule D (Official
	n 106D), Schedule E/F (Officia Column 2.	l Form 106E/F), or Sched	ule G (Official Form 10	06G). Use Schedule D,	Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
				<b>-</b>	
3.1	Name			U Schedule D, lin	
	Name			☐ Schedule E/F,	
				☐ Schedule G, lin	ne
	Number Street				
	City	State	ZIP Code		
				Под 11 5 "	
3.2	Name			Schedule D, lin	
				☐ Schedule E/F,	
				☐ Schedule G, lin	ne
	Number Street				
	City	State	ZIP Code		

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Fill	in this information to	identify your ca	ase:									
Del	otor 1	Vonda L. Ivy	,			_						
	otor 2 ouse, if filing)					_						
Uni	ted States Bankrupto	cy Court for the	NORTHERN DISTRIC	T OF ILLINOIS		_						
	se number				□ Aı		ed filing ent showi	ng postpetition following date:				
0	fficial Form	106I					M	M / DD/ \	/YYY			
S	chedule I: Y	our Inc	ome					, 55, 1			12/15	
sup spo atta	plying correct infor use. If you are sepa ch a separate sheet	mation. If you rated and you	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and you	our spouse i nclude inforr	s livi natio	ng with n about	you, incl your spo	ude infor ouse. If m	mation about nore space is	your needed,	
1.	Fill in your employment information.		Debtor 1				Debtor 2 or non-filing spouse					
	If you have more th	If you have more than one job,	Employment status	■ Employed				☐ Employed				
	attach a separate page with information about additional employers.	Employment status	☐ Not employed				☐ Not employed					
		Occupation	Phlebotomis	st								
	Include part-time, s self-employed work		Employer's name	Advocate He	ealth Care							
	Occupation may incor homemaker, if it		Employer's address	Suite 600	3075 Highland Pkwy Suite 600 Downers Grove, IL 60515							
			How long employed the	nere? 5 ye	ars			_				
Par	t 2: Give Deta	nils About Mon	thly Income									
spoi	use unless you are se	eparated.	ate you file this form. If y		·	•	·			·	J	
	e space, attach a sep		ore than one employer, co this form.	mbine the inform	iation for all e	empic	yers for t	inat perso	on on the	lines below. If	you need	
							For Deb	otor 1		ebtor 2 or ling spouse		
2.			ry, and commissions (becalculate what the month)		. 2.	\$	3,	334.00	\$	N/A		
3.	Estimate and list	monthly overti	me pay.		3.	+\$		0.00	+\$	N/A		
4.	Calculate gross Ir	ncome. Add lir	ne 2 + line 3.		4.	\$	3,33	4.00	\$	N/A		

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Deb	tor 1	Vonda L. Ivy	-	С	ase r	number ( <i>if known</i> )				
						Debtor 1	non-	Debtor filing s	pouse	
	Сор	y line 4 here	4.		\$	3,334.00	\$		N/A	<u> </u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	450.03	\$		N/A	1
	5b.	Mandatory contributions for retirement plans	5b		\$	0.00	\$		N/A	
	5c.	Voluntary contributions for retirement plans	5c.		\$	150.34	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$	0.00	\$		N/A	_
	5e.	Insurance	5e		\$	56.44	\$		N/A	
	5f.	Domestic support obligations Union dues	5f.		\$	0.00	\$		N/A	_
	5g. 5h.	Other deductions. Specify:	5g 5h		ֆ \$	0.00	+ \$		N/A N/A	
•			_		· —		· :—			_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		§	656.81	\$		N/A	_
7.	Caic	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	•	<b>Ֆ</b>	2,677.19	\$		N/A	<u> </u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$	0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$	0.00	\$		N/A	
	8d.	Unemployment compensation	8d		\$	0.00	\$		N/A	<u> </u>
	8e.	Social Security	8e		\$	0.00	\$		N/A	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$		N/A	
	8g. 8h.	Pension or retirement income Other monthly income. Specify:	8g 8h		\$	0.00	, <b>\$</b> —		N/A N/A	_
	OII.	Other monthly income. Specify.	_ 011	.т	Ψ	0.00	Ť.Ψ		IN/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		N/	A
10	Calo	culate monthly income. Add line 7 + line 9.	10.	\$	•	2,677.19 + \$		N/A	= \$	2,677.19
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		<b>–</b>		2,077.13		14/7	* -	2,077.13
11.	State Inclu	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives.  Not include any amounts already included in lines 2-10 or amounts that are not a second contribution.	depe			•		chedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						12.	\$	2,677.19
13.	Do y	rou expect an increase or decrease within the year after you file this form	?					·	Combi month	ned ly income
	=	No.								

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Fill in this	s information to identify ye	our case.			1		
Debtor 1	Vonda L. Ivy				Che	ck if this is:	
	Volida E. IVy	<u>'</u>				An amended filing	
Debtor 2 (Spouse, i	if filing)					A supplement show 13 expenses as of	ving postpetition chapter the following date:
United Sta	ates Bankruptcy Court for the	: NORTH	ERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	. ,		ETAT BIOTHER OF TEETA			, 22 ,	
Case num (If known)							
Offici	al Form 106J						
Sche	edule J: Your	Expen	ses				12/1
informat	omplete and accurate as tion. If more space is ne (if known). Answer eve	eded, attac	If two married people ar th another sheet to this to	e filing together, beform. On the top of	oth are equ f any additi	ally responsible fo onal pages, write y	or supplying correct your name and case
Part 1:	Describe Your House	ehold					
	his a joint case?						
	No. Go to line 2. Yes. <b>Does Debtor 2 live</b>	in a senara	te household?				
_	□ No	iii a separa	no nouscrioia.				
		st file Officia	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2. <b>Do</b>	you have dependents?	■ No					
	not list Debtor 1 and otor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	not state the						□ No
dep	endents names.						□ Yes □ No
							☐ Yes
							□ No
							Yes
							□ No
3. <b>Do</b>	your expenses include		No				☐ Yes
	enses of people other tarself and your depende	han 🗖	Yes				
Part 2:	Estimate Your Ongoi						
	s as of a date after the		ptcy filing date unless y is filed. If this is a supp				
the value	e of such assistance an	non-cash g d have incl	overnment assistance it uded it on Schedule I: Y	you know Your Income		Your exp	oneae
(Official	Form 106l.)					Tour exp	e113 <b>e</b> 3
	e rental or home owners ments and any rent for th		ses for your residence. In lot.	nclude first mortgag	e 4. \$	S	800.00
If n	ot included in line 4:						
4a.	Real estate taxes				4a. S	S	0.00
4b.	Property, homeowner				4b. S		0.00
4c.	Home maintenance, re Homeowner's associa				4c. 9 4d. 9	·	50.00
4d. 5. <b>Add</b>			ominium dues <b>ur residence.</b> such as hoi	me equity loans	4a. 8 5. 9		0.00

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Debtor 1 Vonda L. Ivy		Case numl	ber (if known)	
6. Utilities:				
6a. Electricity, heat, natural gas		6a.	\$	250.00
6b. Water, sewer, garbage collection		6b.	\$	0.00
6c. Telephone, cell phone, Internet, satellite.	and cable services	6c.	·	300.00
6d. Other. Specify:	, and cable convious	6d.	·	0.00
. Food and housekeeping supplies		7.	\$	400.00
. Childcare and children's education costs		8.	\$	0.00
		9.	\$	
. Clothing, laundry, and dry cleaning 0. Personal care products and services		10.	\$	40.00
•				40.00
1. Medical and dental expenses	an or train form	11.	\$	80.00
<ol><li>Transportation. Include gas, maintenance, bu Do not include car payments.</li></ol>	is or train fare.	12.	\$	300.00
3. Entertainment, clubs, recreation, newspape	re manazines and hooks	13.	·	0.00
4. Charitable contributions and religious dona	=	14.	·	0.00
5. Insurance.	itions	14.	Ψ	0.00
Do not include insurance deducted from your p	nay or included in lines 4 or 20			
15a. Life insurance	ay or moludou in iiiles 4 01 20.	15a.	\$	0.00
15b. Health insurance		15b.	·	0.00
15c. Vehicle insurance		15c.	· -	120.00
15d. Other insurance. Specify:		15d.		0.00
6. <b>Taxes.</b> Do not include taxes deducted from you	ur nov or included in lines 4 or 20		Ψ	0.00
Specify:	ur pay or included in lines 4 or 20.	16.	\$	0.00
7. Installment or lease payments:				
17a. Car payments for Vehicle 1		17a.	\$	315.00
17b. Car payments for Vehicle 2		17b.	\$	0.00
17c. Other. Specify:		17c.	\$	0.00
17d. Other. Specify:		17d.	\$	0.00
3. Your payments of alimony, maintenance, an			Φ.	0.00
deducted from your pay on line 5, Schedule		18.	·	0.00
9. Other payments you make to support others	s who do not live with you.		\$	0.00
Specify:		19.		
Other real property expenses not included i	n lines 4 or 5 of this form or on <i>Sch</i>			
20a. Mortgages on other property		20a.		0.00
20b. Real estate taxes		20b.	· -	0.00
20c. Property, homeowner's, or renter's insur-		20c.	·	0.00
20d. Maintenance, repair, and upkeep expens	ses	20d.		0.00
20e. Homeowner's association or condominiu	ım dues	20e.	\$	0.00
Other: Specify:		21.	+\$	0.00
0-1				
2. Calculate your monthly expenses			r.	0.005.00
22a. Add lines 4 through 21.	0) '( ( 0)('-'-  100  0		\$	2,695.00
22b. Copy line 22 (monthly expenses for Debto			\$	
22c. Add line 22a and 22b. The result is your r	monthly expenses.		\$	2,695.00
3. Calculate your monthly net income.				
23a. Copy line 12 (your combined monthly inc	come) from Schedule I.	23a.	\$	2,677.19
23b. Copy your monthly expenses from line 2		23b.		2,695.00
200. Copy your monthly expenses normine 2		200.	<u> </u>	2,093.00
23c. Subtract your monthly expenses from yo	our monthly income			
The result is your <i>monthly net income</i> .		23c.	\$	-17.81
A Do you expect an increase or decrease in the	our ovnonges within the year often.	vou filo 4h!-	form?	
Do you expect an increase or decrease in your case of the paying for your expect to finish paying for your case.				or decrease because o
For example, do you expect to finish paying for your of				or decrease because o
				e or decrease because o

	Ca	se 18-17585	Doc 1	Filed 06/20/1	8 Entered 06/20/18 18:12:	48 Desc N	⁄lain -
Fill	in this inform	ation to identify you	ır case:				
Del	otor 1	Vonda L. Ivy					
Del	otor 2	First Name	Mid	dle Name	Last Name		
	use if, filing)	First Name	Mid	dle Name	Last Name		
Uni	ted States Ban	kruptcy Court for the	NORTH	ERN DISTRICT OF IL	LINOIS		
	se number			***************************************			
(if kn	iown)						if this is an ded filing
			***************************************				<u>-</u>
Of	ficial For	m 106Sum					
			and Lia	abilities and C	ertain Statistical Informati	ion ·	12/15
nfo	rmation. Fill o	ut all of your sched	ules first; th	en complete the info	lling together, both are equally respons ormation on this form. If you are filing a oox at the top of this page.	ible for supplyin mended schedu	g correct les after you file
Par	t 1: Summa	ırize Your Assets					
		ξc				Your a	ssets f what you own
1.	Schedule A/ 1a. Copy line	B: Property (Official 55, Total real estate	Form 106A/ from Sched	B) Iule A/B		\$	0.00
	1b. Copy line	e 62, Total personal p	roperty, from	Schedule A/B		\$	10,803.00
	1c. Copy line	63, Total of all prope	rty on Sched	dule A/B		\$	10,803.00
Par	t 2: Summa	rize Your Liabilities					
	<u></u>	3 5:				Your li	abilities
		3.9				#C12000000000000000000000000000000000000	you owe
2.	Schedule D: 2a. Copy the	Creditors Who Have total you listed in Co	Claims Secu iumn A, <i>Am</i> o	ured by Property (Offic ount of claim, at the bo	ial Form 106D) ttom of the last page of Part 1 of S <i>chedul</i> e	э D \$	11,848.00
3.	Schedule E/F 3a. Copy the	F: Creditors Who Have total claims from Pa	e <i>Unsecured</i> rt 1 (priority	d Claims (Official Form unsecured claims) fro	n 106E/F) m line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the	e total claims from Pa	rt 2 (nonprio	rity unsecured claims)	from line 6j of Schedule E/F	\$	33,640.89
		-42"					
		į.			Your total liab	ilities \$	45,488.89
Par	t 3: Summa	arize Your Income ar	nd Expense	s			
4.	Schedule I: Y	our Income (Official	orm 106l)			\$	2,677.19
5.	Schedule J: 'Copy your me	Your Expenses (Offic	al Form 106 line 22c of	S) Schedule J		\$	2,695.00
Par	t 4: Answei	r These Questions f	or Administ	rative and Statistical	Records		
6.		् ig for bankruptcy un i have nothing to repo			his box and submit this form to the court w	vith your other scl	nedules.
7.	Yes What kind o	f debt do you have?					
	Your de	ebts are primarily co	nsumer del	bts. Consumer debts	are those "incurred by an individual primar	ily for a personal.	family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Vonda L. Ivy Document Page 40 of 152er (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,334.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total c	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Best Case Bankruptcy

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Debtor 1  Debtor 2 (Spouse if, filing)	Vonda L. Ivy First Name First Name nkruptcy Court for the:	Middle Name  Middle Name  Middle Name  NORTHERN DISTRICT	Last Name  Last Name  OF ILLINOIS		Check if this is an
Debtor 2 (Spouse if, filing) United States Ba Case number (if known)	First Name  First Name  Inkruptcy Court for the:	Middle Name	Last Name		Check if this is an
(Spouse if, filing) United States Ba Case number _(if known)	nkruptcy Court for the:				Check if this is an
United States Ba Case number (if known)	nkruptcy Court for the:				Check if this is an
Case number _ (if known)		NORTHERN DISTRICT	OF ILLINOIS		Check if this is an
(if known)					Check if this is an
					Check if this is an
Official Forr					amended filing
f two married performed file thing the state of the state	eople are filing together s form whenever you fi or property by fraud in 8 U.S.C. §§ 152, 1341, 1	r, both are equally respon le bankruptcy schedules n connection with a bank	Debtor's Sch nsible for supplying correct or amended schedules. A truptcy case can result in		ncealing property, or risonment for up to 20
	n Below				
Did you pa	y or agree to pay some	one who is NOT an attor	ney to help you fill out bar	nkruptcy forms?	
■ No					
☐ Yes. N	Name of person }				etition Preparer's Notice, nature (Official Form 119)

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Fill	in this inforn	nation to identify you	r case:						
	otor 1	Vonda L. Ivy							
		First Name	Middle Name	Last Name					
	otor 2 ouse if, filing)	First Name	Middle Name	Last Name					
		nkruptcy Court for the:	NORTHERN DISTRICT (	OF ILLINOIS					
	se number				-	Check if this is an mended filing			
Sta		of Financial	Affairs for Individuals		ankruptcy equally responsible for sup	4/10			
		ore space is needed, n). Answer every que		this form. On the top of any	/ additional pages, write you	ır name and case			
Par	t 1: Give D	etails About Your Ma	arital Status and Where You	Lived Before					
1.	What is your	current marital statu	ıs?						
	<ul><li>□ Married</li><li>■ Not mar</li></ul>	ried							
2.	During the la	uring the last 3 years, have you lived anywhere other than where you live now?							
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	·.				
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
<b>3.</b> state					ity property state or territory co, Texas, Washington and W				
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).					
Par	t 2 Explai	n the Sources of You	r Income						
4.	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receiv	all businesses, including part-		ndar years?			
	□ No								
	Yes. Fill	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$18,337.00	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business				

Official Form 107

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Case number (if known) Debtor 1 Vonda L. Ivy

			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions an exclusions)	Sources of inc  Check all that a		Gross income (before deductions and exclusions)
	r last caler anuary 1 to	ndar year: December 31, 201	Wages, commissions, bonuses, tips	\$34,667.0	<b>DO</b> ☐ Wages, com bonuses, tips	missions,	
			☐ Operating a business		☐ Operating a	business	
		dar year before tha December 31, 201		\$28,379.0	bonuses, tips	·	
			☐ Operating a business		☐ Operating a	business	
5.	Include in and other winnings.  List each	come regardless of public benefit paym If you are filing a join	whether that income is taxable. Executes; pensions; rental income; internat case and you have income that you have income that you have income that you have income that you have income from each source separates.	amples of other income a rest; dividends; money co you received together, lis	re alimony; child supp ollected from lawsuits; t it only once under De	royalties; and ebtor 1.	ecurity, unemployment, d gambling and lottery
			Debtor 1		Debtor 2		
			Sources of income Describe below.	Gross income from each source (before deductions an exclusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pavments	You Made Before You Filed for	Bankruptcv			
6.	Are eithe ☐ No.	Neither Debtor 1 individual primarily  During the 90 days  ☐ No. Go to ☐ Yes List be paid the not income.	elow each creditor to whom you pain nat creditor. Do not include paymer clude payments to an attorney for the	Immer debts. Consumer of the purpose."  In digital you pay any creditor a find a total of \$6,425* or months for domestic support of this bankruptcy case.	total of \$6,425* or moder ore in one or more pay obligations, such as ch	re? rments and thild support a	ne total amount you nd alimony. Also, do
		* Subject to adjus	tment on 4/01/19 and every 3 year	s after that for cases filed	on or after the date o	f adjustment	
	Yes.		or 2 or both have primarily consus before you filed for bankruptcy, di		total of \$600 or more?	,	
		■ Yes List be includ	line 7.  elow each creditor to whom you pai e payments for domestic support o ey for this bankruptcy case.				
	Creditor	's Name and Addre	Dates of payme	ent Total amount		Was this p	payment for
		ancial 183834 on, TX 76096	04/15, 05/15, 0	·		☐ Mortgaç ☐ Car ☐ Credit C ☐ Loan Ro	Card

□ Other

Case 18-17585 Doc 1 Filed 06/20/18 Entered 06/20/18 18:12:48 Document Page 44 of 52 ase number (*if known*) Debtor 1 Vonda L. Ivy Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο П Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes

Yes. Fill in the details for each gift.

Part 5: List Certain Gifts and Contributions

Gifts with a total value of more than \$600 per person

Person to Whom You Gave the Gift and Address:

Describe the gifts

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Dates you gave the gifts

Value

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14.	Within 2 years before you filed for banks  No			ns with a total	value of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or or Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	total	Describe what you contributed		Dates you contributed	Value
Pai	rt 6: List Certain Losses					
15.	Within 1 year before you filed for bankru or gambling?	ıptcy o	or since you filed for bankruptcy, did y	ou lose anytl	hing because of the	ft, fire, other disaster
	■ No					
	Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred		ribe any insurance coverage for the lo		Date of your loss	Value of property lost
			de the amount that insurance has paid. Lance claims on line 33 of Schedule A/B:			
Pai	rt 7: List Certain Payments or Transfer	s				
16.	Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition Include any attorneys and Include	prepar	ring a bankruptcy petition?			erty to anyone you
	Person Who Was Paid		Description and value of any prop	ortv	Date payment	Amount of
	Address Email or website address Person Who Made the Payment, if Not N	You	transferred	erty	or transfer was made	payment
	Access Counseling Inc. 633 W. 5th Street Los Angeles, CA 90071		Credit Counseling		06/04/2018	\$25.00
	Law Offices of Thomas M. Britt, PC 7601 W 191st Street Suite 1W Tinley Park, IL 60487	;	Attorney Fees		6/2/2018	\$900.00
17.	Within 1 year before you filed for bankru promised to help you deal with your cree Do not include any payment or transfer that No	ditors	or to make payments to your creditor		r transfer any prope	erty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for banks transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have all	u <b>r busi</b> s made	iness or financial affairs? e as security (such as the granting of a s			
	■ No □ Yes. Fill in the details.					
	Person Who Received Transfer		Description and value of	Describe a	any property or	Date transfer was
	Address		property transferred		received or debts	made

Person's relationship to you

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Case number (if known) Document

Debtor 1 Vonda L. Ivy

١	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No Section 1.1) Yes. Fill in the details.		y property to a	self-settle	d trust or similar device	of which yo	ou are a
	Name of trust	Description and v	alue of the pro	perty trans	sferred	Date Trai	nsfer was
:	8: List of Certain Financial Accounts, Instru- Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? nclude checking, savings, money market, or o nouses, pension funds, cooperatives, associa	were any financial acou	counts or instr	uments he	eld in your name, or for y		,
	No						
	Yes. Fill in the details.				_		
		ast 4 digits of ccount number	Type of accordinstrument	unt or	Date account was closed, sold, moved, or transferred		st balance closing or transfer
•	Do you now have, or did you have within 1 year cash, or other valuables?	ar before you filed for	· bankruptcy, a	ny safe de <sub>l</sub>	posit box or other depos	sitory for se	curities,
	Yes. Fill in the details.		. "0				4111
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you have it	
	Have you stored property in a storage unit or p ■ No □ Yes. Fill in the details.	place other than your	home within 1	year before	re you filed for bankrupt	cy?	
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you have it	
Part	9: Identify Property You Hold or Control for	r Someone Else					
	Oo you hold or control any property that some for someone.	eone else owns? Incl	ude any proper	ty you bor	rowed from, are storing	for, or hold	in trust
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property		Value
	10: Give Details About Environmental Inform ne purpose of Part 10, the following definitions						
1	Environmental law means any federal, state, o coxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface	e water, ground	• .			
	Site means any location, facility, or property as own, operate, or utilize it, including disposa	s defined under any		law, wheth	er you now own, operat	e, or utilize	it or used

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

hazardous material, pollutant, contaminant, or similar term.

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Case number (if known) Document

Debtor 1 Vonda L. Ivy

24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	under or in violation of an environme	ental law?				
	No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any	release of hazardous material?						
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admini	strative proceeding under any envir	onmental law? Include settlements a	and orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	11: Give Details About Your Business or Con	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have any	of the following connections to any	business?				
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time							
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)							
	☐ A partner in a partnership							
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	No. None of the above applies. Go to Part	12.						
	Yes. Check all that apply above and fill in t	the details below for each business.						
	Business Name De Address	escribe the nature of the business	Employer Identification number Do not include Social Security					
	(Number, Street, City, State and ZIP Code)	ame of accountant or bookkeeper	Dates business existed					
28.	Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.	did you give a financial statement to	anyone about your business? Inclu	ıde all financial				
	■ No □ Yes. Fill in the details below.							
	Name Address (Number, Street, City, State and ZIP Code)	ate Issued						

Del	btor 1 Vonda L. Ivy	r.,	Document	Page 48 of ©	a <b>2</b> e number ( <i>if known</i> )	
24.	Has any governmental u	unit notified you that yo	ou may be liable or	potentially liable un	nder or in violation of an environm	nental law?
	No Yes. Fill in the deta	ils.				
	Name of site Address (Number, Street, C	ity, State and ZIP Code)	Governmental u Address (Number, ZIP Code)	nit Street, City, State and	Environmental law, if you know it	Date of notice
25.	Have you notified any g	overnmental unit of any	y release of hazard	ous material?		
	■ No □ Yes. Fill in the deta	ils.				
	Name of site Address (Number, Street, C	਼ ity, State and ZIP Code)	Governmental u Address (Number, ZIP Code)	nit Street, City, State and	Environmental law, if you know it	Date of notice
26.	Have you been a party i	n any judicial or admini	istrative proceeding	g under any enviror	nmental law? Include settlements	and orders.
	■ No					
	☐ Yes. Fill in the deta	ils.				
	Case Title Case Number		Court or agency Name Address (Number, State and ZIP Code)		ature of the case	Status of the case
		3,				
Par	rt 11: Give Details Abou	t Your Business or Cor	nnections to Any B	usiness		
27.	Within 4 years before yo	ou filed for bankruptcy,	did you own a bus	iness or have any o	of the following connections to an	y business?
	☐ A sole proprieto	r or self-employed in a	trade, profession,	or other activity, eit	her full-time or part-time	
		mited liability company	-			
	☐ A partner in a pa		, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
	☐ An officer, direc	tor, or managing execu	tive of a corporation	on		
	☐ An owner of at l	east 5% of the voting o	r equity securities (	of a corporation		
	No. None of the abo	ove applies. Go to Part	12.			
	☐ Yes. Check all that	apply above and fill in	the details below fo	or each business.		
	Business Name	De	escribe the nature of	of the business	Employer Identification number Do not include Social Security	
	Address (Number, Street, City, State and	I ZIP Code) Na	ame of accountant	or bookkeeper	Dates business existed	number of tria.
		я́				
28.	Within 2 years before you institutions, creditors, o		did you give a fina	ncial statement to a	inyone about your business? Incl	ude all financial
	■ No					
	☐ Yes. Fill in the deta	ils below.				
	Name Address (Number, Street, City, State and	ž.	ate Issued			
Par	rt 12: Sign Below	:				
are t		stand that making a fals esult in fines up to \$25	se statement, conce	ealing property, or o	declare under penalty of perjury to obtaining money or property by frars, or both.	
	nda L. Ivy gnature of Debtor 1	1 0	Signature of	Debtor 2	-	
Dat	te <u>15/18</u> /	118	Date			

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Debtor 1 Vonda L. Ivy Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Document

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this infor	mation to identify your	case:			
Debtor 1	Vonda L. Ivy			_	
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name	-	
United States Ba	ankruptcy Court for the:	NORTHERN DIST	TRICT OF ILLINOIS	_	
Case number (if known)	-,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Check if this is amended filing	
Official Ea					
Official Fo		n for Indiv	iduals Filing Under Cha	nter 7	12/15
Otateme	in or mightic	on for indiv	iddais i iiiig Onder Ond	ptor /	12/15
	lividual filing under cha	•	out this form if:		
	e claims secured by yo				
You must file th	ever is earlier, unless t	vithin 30 days after	ot expired. you file your bankruptcy petition or by the da e time for cause. You must also send copies		
	eople are filing togethe	r in a joint case, bo	th are equally responsible for supplying corr	ect information. Both debtors	must
	and accurate as possil our name and case nu		needed, attach a separate sheet to this form	n. On the top of any additional	pages,
Part 1: List Y	our Creditors Who Hav	re Secured Claims			
information b			: Creditors Who Have Claims Secured by Pro What do you intend to do with the propert secures a debt?		property
Creditor's (	SM Financial		☐ Surrender the property. ☐ Retain the property and redeem it.	□ No	
	2014 Hyundai Acc	ent 68,000	Retain the property and redeem to a Reaffirmation Agreement.	■ Yes	
property securing debt	miles :		☐ Retain the property and [explain]:		
	`,				
For any unexpire in the information	on below. Do not list re	ease that you listed al estate leases. Un	in Schedule G: Executory Contracts and Une expired leases are leases that are still in effe the trustee does not assume it. 11 U.S.C. § 36	ct; the lease period has not ye	
Describe your (	unexpired personal pro	perty leases		Will the lease be assum	ed?
Lessor's name:				□ No	
Description of le Property:	ased			☐ Yes	
Lessor's name:				□ No	
Description of le Property:	ased			☐ Yes	
Lessor's name:	\$\$\$ ,			□ No	
Official Form 108	γ <sub>+</sub> 	Statement of In	tention for Individuals Filing Under Chapter	7	page 1

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Debtor 1 Vonda L. Ivy	Case number (if known)
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention a property that is subject to an unexpired lease.	about any property of my estate that secures a debt and any personal
Vonda L. Ivy Signature of Debtor 1	Signature of Debtor 2
Date <u>6/18/18</u>	Date

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## United States Bankruptcy Court Northern District of Illinois

	TWITTEN DISTIRCT OF THIMOS					
In re	Vonda L. Ivy	Debtor(s)	Case No. Chapter	7		
	VERI	FICATION OF CREDITOR N	MATRIX			
		Number o	f Creditors:	25		
	The above-named Debtor(s) he (our) knowledge.	reby verifies that the list of cred	itors is true and	correct to the best of my		
Date:	6/18/18	Vonda L. Ivy Signature of Debtor	eling			